### Recipient Committee

Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CA	CALIFORNIA 2001/02 FORM		
	Statement covers period from10/01/2010	Date of election if applicable: (Month, Day, Year)		Pag	e 1 of 26  For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through_12/31/2010						
1. Type of Recipient Committee: All Comm	ittees - Complete Parts 1,2,3, and 4.	2. Type of Stateme	nt:	•			
<ul> <li>☐ Officeholder, Candidate Controlled Committee</li> <li>☐ State Candidate Election Committee</li> <li>☐ Recall</li> <li>(Also Complete Part 5.)</li> <li>☐ General Purpose Committee</li> <li>☐ Sponsored</li> <li>☐ Small Contributor Committee</li> <li>☐ Political Party/Central Committee</li> </ul>	■ Ballot Measure Committee	☐ Pre-election Stater ☐ Semi-annual State ☐ Termination Stater ☐ Amendment (Expla	ment nent	Specia	erly Statement al Odd-Year Report emental Preelection nent - Attach Form 495		
3. Committee Information	I.D.NUMBER 1322759	Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Californians for a Cure, Sponsored by the American Cancer Social American Heart Association and Cancer Research Doctors	<u> </u>	NAME OF TREASURER Roman J. Bowser					
STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS					
CITY STATE ZIP CO Sacramento CA 95814	DDE AREA CODE/PHONE (707)822-8084	CITY Los Angeles	STATE CA	ZIP CODE 90017	AREA CODE/PHONE (213) 291-7012		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E		NAME OF ASSISTANT TREASURE Eric Batch	RER, IF ANY				
CITY STATE ZIP CO	DDE AREA CODE/PHONE	MAILING ADDRESS					
OPTIONAL: FAX/E-MAIL ADDRESS		CITY Los Angeles	STATE CA	ZIP CODE 90017	AREA CODE/PHONE (213) 291-7093		
		OPTIONAL: FAX/E-MAIL ADDRE	SS				
4. Verification I have used all reasonable diligence in preparing and							

is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on_	04/29/2011	By Eric Batch
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on_	04/29/2011	By Eric Batch
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOF
Executed on_		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on_		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

### Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA	460
FORM	410)U
I OKW	

Officeholder or Candidate Controlled	6. Ballot Measure (	Committee				
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASUR	E			
		Cancer Research Initiative				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	BALLOT NO. OR LETTER JURISDICTION			SUPPORT
		Statewide			OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	TY STATE ZIP	Identify the controlling of	officeholder, cand	lidate, or state m	easure propo	onent, if any.
		NAME OF OFFICEHOLDER,	CANDIDATE, OR PR	ROPONENT		
Related Committees Not Included in this Statement included in this statement that are controlled by you or are contributions or to make expenditures on behalf of your candid	orimarily formed to receive	OFFICE SOUGHT OR HELD		D	ISTRICT NO. II	FANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed which this committee is primarily		e List names of	officeholder(s)	) or candidate(s) Ffor
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	EHOLDER OR CANDIDATE OFFICE		FFICE SOUGHT OR HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT
CITY STATE ZIP C	ODE AREA CODE/PHONE					OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT
COMMITTEE NAME	I.D.NUMBER					OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGH	T OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)						0002
CITY STATE ZIP C	ODE AREA CODE/PHONE	At	ach continuation	sheets if necess	sary	
5 SIME 28	THE					

### **Campaign Disclosure Statement Summary Page**

Type or print in ink.
Amounts may be rounded

Statement covers period to whole dollars. from <u>10/01/2010</u>

through  $\underline{12/31/2010}$ 

CALIFORNIA FORM

SUMMARY PAGE

of  $\frac{26}{}$ 

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors

I.D. NUMBER 1322759

Page  $\frac{3}{2}$ 

Contributions Received	Column A  TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$0.00	\$125,525.00	General Elections
2. Loans Received Schedule B, Line 7	\$0.00	\$318,500.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$0.00	\$444,025.00	20. Contribution  Received \$.00 \$.00
4. Nonmonetary Contributions Schedule C, Line 3	\$11,957.78	\$288,694.11	04 5 E
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$11,957.78	\$732,719.11	21. Expenditures Made \$.00 \$.00
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$30.34	\$519,402.18	Candidates
7. Loans Made Schedule H, Line 7	\$0.00	\$0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$30.34	\$519,402.18	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$3,086.58	\$310,775.12	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$11,957.78	\$288,694.11	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$15,074.70	\$1,118,871.41	
Current Cash Statement			
12. Beginning Cash Balance Previous Summary Page, Line 16	\$160.76	To calculate Column B, add amounts in Column A to the	
13. Cash Receipts Column A, Line 3 above	\$0.00	corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last report. Some amounts in	
15. Cash Payments Column A, Line 8 above	\$30.34	Column A may be negative	
16. <b>ENDING CASH BALANCE</b> Add Lines 12 + 13 + 14, then subtract Line 15	\$130.42	figures that should be subtracted from previous	
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may different from amounts reported in Column B.
18. Cash Equivalents See instructions on reverse	\$0.00	-	amorent from amounts reported in Column b.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$629,275.12	-	FPPC Form 460 (June/01
		1	FPPC Toll-Free Helpline: 866/ASK-FPP

Type or print in ink. Amounts may be rounded to whole dollars.

SC		

Monetary Contributions Received			nts may be rounded whole dollars.	Statement cov	0	CALIFORNIA 460		
SEE INSTRUCTIONS ON	REVERSE			through	0	Page 4	of_26	
NAME OF FILER				_		I.D. Num	ber	
falifornians for a Cure, S	ponsored by the American Cancer Society, American Lung	Association, American F	Heart Association and Cancer Research	Doctors		1322759		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
			SUBTOTA	<b>L</b> \$0.00				
	mmary If this period - contributions of \$100 or more. Endule A subtotals.)		<u>-</u>	5.00	IND			
. Amount received	this period - unitemized contributions of les	ss than \$100		5.00		H - Other	,	
. Total monetary of (Add Lines 1 and	contributions received this period. d 2. Enter here and on the Summary Page,	Column A, Line 1.	.)TOTAL	5.00		Y - Political C - Small C	ontributor Committee	

#### Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded

Statement covers period

Loans Received			to whole dollars.		from	0	FORM 460		
SEE INSTRUCTIONS ON REVERSE					through	2010	Page <u>5</u>	of _26	
NAME OF FILER				I.G. B			I.D. NUMBER		
Californians for a Cure, Sponsored by the American C	ancer Society, American Lung Assoc	ciation, American He	eart Association and	Cancer Research D	octors		1322759		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538				PAID	\$20,000.00	%	\$20,000.00	\$338,500.00	
Memo Reference: PAY73				FORGIVEN	\$20,000.00	RATE	Ψ20,000.00	PER ELECTION**	
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$20,000.00			11/2/2010 DATE DUE		2/25/2010 DATE INCURRED		
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814				PAID	\$20,000.00	0/	\$20,000.00	\$338,500.00	
Committee ID: 1274538 Memo Reference: PAY77				FORGIVEN	\$20,000.00	% RATE	\$20,000.00	PER ELECTION**	
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$20,000.00			11/2/2010 DATE DUE		3/3/2010  DATE INCURRED		
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814				PAID				CALENDAR YEAR	
Committee ID: 1274538 Memo Reference: PAY85				FORGIVEN	\$50,000.00	% RATE	\$50,000.00	\$338,500.00 PER ELECTION**	
□ IND ■ COM □ OTH □ PTY □ SCC		\$50,000.00			11/2/2010 DATE DUE		3/9/2010  DATE INCURRED		
		SUBTOTALS			BAIL SOL		DATE INCOMED		
Sahadula P Summary							(Enter (e) on		
Schedule B Summary  1. Loans received this period (Total Column (b) plus unitemized loans	less than \$100.)				\$0.00		Schedule E, Line 3)		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that		dule A.)			\$0.00		* Amounts forg another party a reported on Sc	iven or paid by Ilso must be hedule A.	
<ol><li>Net change this period. (Subtract Line Enter the net here and on the Summary</li></ol>					<b>Net</b> \$0.00 (may be a neg	ative number)	** If required.		
*Contributor Codes IND-Individual COM-Recipient Committee (o	ther than PTY or SCC)	OTH-Other PTY	′-Political Party	SCC-Small Cor	tributor Committee	FPPC	FPPC Fo Toll-Free Helpline	rm 460 (June/01) e: 866/ASK-FPPC	

#### Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars

SCHEDULE B - PA	KI1
CALIFORNIA /	

Statement covers period

Loans received		to whole dollars.			from	10	FORM	400
SEE INSTRUCTIONS ON REVERSE					through	2010	Page _6	of _26
NAME OF FILER Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors							I.D. NUMBER 1322759	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814				PAID				CALENDAR YEAR
Committee ID: 1274538 Memo Reference: PAY89	<u> </u> <u>=</u>			FORGIVEN	\$20,000.00	% RATE	\$20,000.00	\$338,500.00 PER ELECTION**
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$20,000.00			11/2/2010 DATE DUE		3/15/2010 DATE INCURRED	
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee)				PAID	DATE DOE		DATE INCONNED	CALENDAR YEAR
Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY118	<u> </u> ■			FORGIVEN	\$40,000.00	0.00 % RATE	\$40,000.00	\$338,500.00 PER ELECTION**
	T	\$40,000.00			11/2/2010		3/23/2010	
□ IND ■ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED	
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY106	_			PAID	\$20,000.00	% RATE	\$20,000.00	\$338,500.00 PER ELECTION**
<b>□</b>	<b>=</b>   	\$20,000.00		FORGIVEN	11/2/2010		3/30/2010	
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS						
Schedule B Summary  1. Loans received this period (Total Column (b) plus unitemized loans	s less than \$100.)						(Enter (e) on Schedule E, Line 3)	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that		dule A.)					* Amounts forg another party a reported on Sc	iven or paid by Ilso must be hedule A.
3. Net change this period. (Subtract Line Enter the net here and on the Summary					Net (may be a neg	gative number)	** If required.	
*Contributor Codes IND-Individual COM-Recipient Committee (c	ther than PTY or SCC)	OTH-Other PTY	-Political Party	SCC-Small Cor	tributor Committee	FPPC	FPPC Fo	rm 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

#### Schedule B - Part 1 **Loans Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1
CALIFORNIA 4 00

Statement covers period 10/01/2010 12/31/2010

SEE INSTRUCTIONS ON REVERSE					through $\frac{12/31/3}{2}$	2010	Page _7	of <u>26</u>
NAME OF FILER							I.D. NUMBER	
Californians for a Cure, Sponsored by the American C	ancer Society, American Lung Associated	ciation, American He	art Association and	Cancer Research D	octors		1322759	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee)				PAID				CALENDAR YEAR
Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY120				FORGIVEN	\$50,000.00	0.00 % RATE	\$50,000.00	\$338,500.00 PER ELECTION**
~				FORGIVEN				
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$50,000.00			11/2/2010 DATE DUE		4/7/2010  DATE INCURRED	
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814				PAID				CALENDAR YEAR
Committee ID: 1274538					\$20,000.00	%	\$20,000.00	\$338,500.00
Memo Reference: PAY125	=			FORGIVEN		RATE		PER ELECTION**
·		\$20,000.00			11/2/2010		4/12/2010	
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee)				PAID				CALENDAR YEAR
Sacramento, CA 95814 Committee ID: 1274538					\$60,000.00	%	\$60,000.00	\$338,500.00
Memo Reference: PAY168	<u> </u>			FORGIVEN	φ <u>σσ,σσσ.σσ</u>	RATE	400,000.00	PER ELECTION**
~	T	\$60,000.00			11/2/2010		4/27/2010	
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED	
		SUBTOTALS	<u>'</u>					
Schedule B Summary							(Enter (e) on	
Loans received this period.  (Total Column (b) plus unitemized loans)	s less than \$100.)						Schedule E, Line 3)	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that		dule A.)					* Amounts forg another party a reported on Scl	iven or paid by Iso must be hedule A.
3. Net change this period. (Subtract Line Enter the net here and on the Summary					Net (may be a neg	gative number)	** If required.	

PTY-Political Party

SCC-Small Contributor Committee

OTH-Other

\*Contributor Codes

COM-Recipient Committee (other than PTY or SCC)

IND-Individual

#### Schedule B - Part 1 **Loans Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1
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Statement covers period

Loans Received		Amounts may be rounded to whole dollars.			Statement co	•	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through	010	Page <u>8</u>	of <u>26</u>	
NAME OF FILER				L			I.D. NUMBER		
Californians for a Cure, Sponsored by the American C	ancer Society, American Lung Association	ciation, American He	art Association and	Cancer Research D	octors		1322759		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814				PAID			¢2.500.00	CALENDAR YEAR	
Committee ID: 1274538 Memo Reference: PAY189				FORGIVEN	\$3,500.00	RATE	\$3,500.00	\$338,500.00 PER ELECTION**	
		\$3,500.00			11/2/2010		6/17/2010		
□ IND ■ COM □ OTH □ PTY □ SCC					DATE DUE		DATE INCURRED		
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538				PAID	\$15,000.00	%	\$15,000.00	\$338,500.00	
Memo Reference: PAY192				FORGIVEN		RATE		PER ELECTION**	
☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$15,000.00			11/2/2010 DATE DUE		6/22/2010  DATE INCURRED		
				PAID				CALENDAR YEAR	
				FORGIVEN		% RATE		PER ELECTION**	
☐IND ☐COM☐OTH☐PTY☐SCC					DATE DUE		DATE INCURRED		
		SUBTOTALS			\$318,500.00				
Schedule B Summary  1. Loans received this period (Total Column (b) plus unitemized loans	s less than \$100 )						(Enter (e) on Schedule E, Line 3)		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	) paid or forgiven.)	dule A.)					* Amounts forg another party a reported on Sc	iven or paid by lso must be nedule A.	
3. Net change this period. (Subtract Line Enter the net here and on the Summary					Net	ative number)	** If required.		
*Contributor Codes IND-Individual COM-Recipient Committee (c	ther than PTY or SCC)	OTH-Other PTY	′-Political Party	SCC-Small Cor	atributor Committee	FPPC	FPPC Fo Toll-Free Helpline	rm 460 (June/01) : 866/ASK-FPPC	

#### Schedule B - Part 2 **Loan Guarantors**

#### Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 2
Statement covers period	CALIFORNIA 460
from10/01/2010	FORM TOO
through <u>12/31/2010</u>	Page 9 of 26

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors

I.D. Number 1322759

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER		CALENDAR YEAR	
	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE		PER ELECTION (IF REQUIRED)	
			LENDED		041 511040 1/540	
			LENDER		CALENDAR YEAR	
	COM OTH PTY SCC		DATE		PER ELECTION (IF REQUIRED)	
			LENDER		CALENDAR YEAR	
	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE		PER ELECTION (IF REQUIRED)	
	☐ IND		LENDER		CALENDAR YEAR	
	COM OTH PTY SCC		DATE		PER ELECTION (IF REQUIRED)	
	•	<u> </u>	SUBTOTAL		Enter on Summary Page, Line 17 only.	
					Line 17 only.	

Type or print in ink.
Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA / CO
from10/01/2010	FORM 400
through <u>12/31/2010</u>	Page 10 of 26

SEE INSTRUC	TIONS ON REVERSE				thro	ough <u>12/31/2010</u>		Page <u>10</u>	of 26
NAME OF FILE		erican Lung Associa	tion, American Heart Association a	nd Cancer Research I	Doctors			I.D. Numbe 1322759	er
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION ( GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	DA CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2010	American Cancer Society, California Division, Inc. Sacramento, CA 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Staff Time; In-Kind 11/1-11/30/10	Date:	\$1,774.88	\$243,419.8	2	
11/30/2010	American Cancer Society, California Division, Inc. Sacramento, CA 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Recognition Item		\$10.86	\$243,419.8	2	
11/30/2010	American Cancer Society, California Division, Inc. Sacramento, CA 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Postage; In-Kind Da 11/1-11/30/10	ate:	\$247.26	\$243,419.8	2	
10/31/2010	American Cancer Society, California Division, Inc. Sacramento, CA 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Staff Time; In-Kind 10/1-10/31/10	Date:	\$3,731.67	\$243,419.8	2	
Attach ad	ditional information on appropriately labele	d continuation	sheets.	SUBTO	OTAL	\$11,957.78			
Schedul	e C Summary								
(Include	received this period - nonmonetary contrib all Schedule C subtotals.)received this period - unitemized nonmone					\$11,957.78 \$0.00	IN	Contributor Co  D - Individua  OM- Recipien  (other the	ıl
3. Total no	nmonetary contributions received this perions 1 and 2. Enter here and on the Summan	od.				\$11,957.78	P1	ΓH - Other ΓΥ - Political I	

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 160
from10/01/2010	FORM TOO
through <u>12/31/2010</u>	Page <u>11</u> of <u>26</u>
	I.D. Number

SEE	<b>INSTRUCTIONS</b>	ON REVERSE	

NAME OF FILER
Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors

1322759

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATI DATE CALENDAF (JAN 1 - D	YEAR	PER ELECTION TO DATE (IF REQUIRED)
10/31/2010	American Cancer Society, California Division, Inc. Sacramento, CA 95814	□ IND □ COM ■ OTH □ PTY □ SCC		Meeting Expenses; In-Kind Date: 10/1-10/31/10	\$380.95	\$243,419.82		
10/31/2010	American Cancer Society, California Division, Inc. Sacramento, CA 95814	□ IND □ COM ■ OTH □ PTY □ SCC		Recognition Items; In-Kind Date: 10/1-10/31/10	\$1,512.86	\$243,419.82		
10/31/2010	American Cancer Society, California Division, Inc. Sacramento, CA 95814	□ IND □ COM ■ OTH □ PTY □ SCC		Postage; In-Kind Date: 10/1-10/31/10	\$4.04	\$243,419.82		
12/31/2010	American Cancer Society, California Division, Inc. Sacramento, CA 95814	□ IND □ COM ■ OTH □ PTY □ SCC		Office Supplies; In-Kind Date: 12/1-12/31/10	\$34.05	\$243,419.82		
Attach add	ditional information on appropriately labeled	I continuation	sheets.	SUBTOTAL				

#### **Schedule C Summary**

<ol> <li>Amount received this period - nonmonetary contributions of \$100 or more.</li> </ol>	*Contributor Codes
(Include all Schedule C subtotals.)	IND - Individual
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	COM- Recipient Committee (other than PTY or SCC) OTH - Other
3. Total nonmonetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	PTY - Political Party SCC - Small Contributor Committee
3. Total nonmonetary contributions received this period.	OTH - Other PTY - Political Party

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from10/01/2010	FORM TOO
through <u>12/31/2010</u>	Page <u>12</u> of <u>26</u>

					IIOII	10/01/2010			
SEE INSTRUC	TIONS ON REVERSE				thro	ugh <u>12/31/2010</u>		Page <u>12</u>	of 26
NAME OF FILE		ican Lung Associa	tion, American Heart Association a	nd Cancer Research D	Ooctors			I.D. Number 1322759	er
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION ( GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CALEND	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2010	American Cancer Society, California Division, Inc. Sacramento, CA 95814	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		Meeting Expenses; I Date: 12/1-12/31/10	In-Kind	\$12.95	\$243,419.82	2	
12/31/2010	American Cancer Society, California Division, Inc. Sacramento, CA 95814	□ IND □ COM ■ OTH □ PTY □ SCC		Travel Expenses; In- Date: 12/1-12/31/10		\$5.15	\$243,419.82	2	
12/31/2010	American Cancer Society, California Division, Inc. Sacramento, CA 95814	□ IND □ COM ■ OTH □ PTY □ SCC		Staff Time; In-Kind 12/1-12/31/10	Date:	\$2,349.71	\$243,419.82	2	
10/13/2010	American Heart Association, Inc. Dallas, TX 75231	□ IND □ COM ■ OTH □ PTY □ SCC		Travel Expenses		\$359.40	\$54,963.34		
Attach ad	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL				
Schedule	e C Summary								
(Include 2. Amount : 3. Total nor	received this period - nonmonetary contributall Schedule C subtotals.)received this period - unitemized nonmonetary contributions received this period es 1 and 2. Enter here and on the Summary	ary contribution	ons of less than \$100				INI CC	TH - Òther 'Y - Political I	I t Committee an PTY or SCC)

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE C
Statement covers period	CALIFORNIA 460
from <u>10/01/2010</u>	FORM TOO
through <u>12/31/2010</u>	Page <u>13</u> of <u>26</u>

					fron	n10/01/2010		FOF	RM TOO
SEE INSTRUCT	TIONS ON DEVEDSE				thro	ugh <u>12/31/2010</u>		Page <u>13</u>	of 26
NAME OF FILER	FIONS ON REVERSE  a Cure, Sponsored by the American Cancer Society, American	can Lung Associa	tion, American Heart Association as	nd Cancer Research E	Ooctors			I.D. Numb 1322759	er
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION ( GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	D. CALENI	ATIVE TO ATE DAR YEAR - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2010	American Heart Association, Inc. Dallas, TX 75231	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		Staff Time; In-Kind 10/1-12/31/10	Date	\$1,534.00	\$54,963.34	4	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC							
Attach add	litional information on appropriately labeled	continuation	sheets.	SUBTO	TAL	\$11,957.78			
Schedule	C Summary								
Include a 2. Amount r 3. Total nor	eceived this period - nonmonetary contributed all Schedule C subtotals.)eceived this period - unitemized nonmonetal amonetary contributions received this period as 1 and 2. Enter here and on the Summary	ry contribution.	ons of less than \$100				IN C	TH - Òther TY - Political	al nt Committee an PTY or SCC)

### **Schedule D** Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE
Statement covers period	CALIFORNIA 460
from10/01/2010	FORM 400
through <u>12/31/2010</u>	Page $\frac{14}{}$ of $\frac{26}{}$
Doctors	I.D. NUMBER 1322759

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution				
		Nonmonetary Contribution				
	Support Oppose	Independent Expenditure				
		☐ Monetary Contribution				
		Nonmonetary Contribution				
	Support Oppose	Independent Expenditure				
		Monetary Contribution				
		Nonmonetary Contribution				
	Support Oppose	Independent Expenditure				
			SUBTOTAL			
	e <b>D Summary</b> ions and independent expenditures made this period of S	\$100 or more. (Incl	ude all Schedule D sub	ototals.)		
2. Unitemize	ed contributions and independent expenditures made this	s period of under \$	100			
3. Total con-	tributions and independent expenditures made this perio	d. (Add Lines 1 and	d 2. Do not enter on th	e Summary Pag	e.) <b>TOTAL</b>	_

#### Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from10/01/2010	FORM 400
through <u>12/31/2010</u>	Page <u>15</u> of <u>26</u>
octors	I.D. NUMBER 1322759

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Schedule E Summary
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

**SUBTOTAL** 

#### Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from10/01/2010	CALIFORNIA 460
through <u>12/31/2010</u>	Page 16 of 26
octors	I.D. NUMBER 1322759

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors

CODES: If one of the following codes accurately describes	s the payment, you may en	ter the code. Otherw	rise, describe the pa	yment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings		nmunications d appearances ses SAL campaign workers' salaries slating TEL t.v. or cable airtime and production campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a survey research TRS staff/spouse travel, lodging		contributions workers' salaries ele airtime and produc travel, lodging, and n se travel, lodging, and etween committees of stration	tion costs neals d meals f the same candidate/sponso
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Polka Consulting Rescue, CA 95672	CNS	\$25,000.00	\$0.00	\$0.00	\$25,000.00
Polka Consulting Rescue, CA 95672	CNS	\$25,000.00	\$0.00	\$0.00	\$25,000.00
Arno Political Consultants, Inc. Carlsbad, CA 92008	PET	\$105,000.00	\$0.00	\$0.00	\$105,000.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	De SUBTOTALS		1		
Schedule F Summary					
Total accrued expenses incurred this period. (Include all saccrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) su accrued expenses under \$	btotals for §100.)	INC	CURRED TOTAL	<b>\$</b> \$3,086.58
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized</li></ol>				. PAID TOTAL	\$ \$0.00
3. Net change this period. (Subtract Line 2 from Line 1. En	ter the difference here and				<b>-</b> #2.00< 50

on the Summary Page, Column A, Line 9.).....

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

May be a negative number.

**NET** \$3,086.58

## Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from  $\frac{10/01/2010}{}$  CALIFORNIA 460

through  $\frac{12/31/2010}{}$  Page  $\frac{17}{}$  of  $\frac{26}{}$  Cotors

NAME OF FILER

Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. RAD radio airtime and production costs MBR member communications CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees TRC candidate travel, lodging, and meals PHO phone banks

FID fundraising events FID polities FID polities FID polities FID fundraising events FID politing and survey research FID political survey research FID political

LEG legal defense PRO professional services (legal, accounting) VOT voter registration

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, email)
\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO	\$2,944.90	\$0.00	\$0.00	\$2,944.90
Arno Political Consultants, Inc. Carlsbad, CA 92008	PET	\$96,558.57	\$0.00	\$0.00	\$96,558.57
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO	\$10,030.66	\$0.00	\$0.00	\$10,030.66
Polka Consulting Rescue, CA 95672	Travel Expenses	\$0.00	\$18.00	\$0.00	\$18.00

**SUBTOTALS** 

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from10/01/2010	CALIFORNIA 460
through <u>12/31/2010</u>	Page <u>18</u> of <u>26</u>
	I.D. NUMBER

NAME OF FILER Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors 1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)			
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.					

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT  BALANCE BEGINNI OF THIS PERIOD		(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO	\$0.00	\$1,165.18	\$0.00	\$1,165.18	
Planet Kelly Sacramento, CA 95825	LIT	\$0.00	\$200.00	\$0.00	\$200.00	
Polka Consulting Rescue, CA 95672	OFC	\$0.00	\$162.00	\$0.00	\$162.00	
Polka Consulting Rescue, CA 95672	POS	\$0.00	\$20.00	\$0.00	\$20.00	

#### **SUBTOTALS**

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from10/01/2010	CALIFORNIA 460
through <u>12/31/2010</u>	Page 19 of 26
	I.D. NUMBER

NAME OF FILER Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors 1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.					
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs			
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries			
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor			
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)			
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.					

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT			(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Polka Consulting Rescue, CA 95672	MTG	\$0.00	\$55.96	\$0.00	\$55.96	
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO	\$0.00	\$1,465.44	\$0.00	\$1,465.44	
Polka Consulting Rescue, CA 95672	CNS	\$7,000.00	\$0.00	\$0.00	\$7,000.00	
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO	\$9,412.00	\$0.00	\$0.00	\$9,412.00	
OUDTOTAL O						

#### **SUBTOTALS**

#### Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period from10/01/2010	CALIFORNIA 460		
through <u>12/31/2010</u>	Page <u>20</u> of <u>26</u>		
	I.D. NUMBER		

NAME OF FILER

Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors

1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.						
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs				
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions				
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries				
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs				
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals				
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals				
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)				
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.						

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
McClatchy Insurance Agency Sacramento, CA 95825	OFC \$558.06		\$0.00	\$0.00	\$558.06	
McClatchy Insurance Agency Sacramento, CA 95825	OFC	\$515.00	\$0.00	\$0.00	\$515.00	
McClatchy Insurance Agency Sacramento, CA 95825	OFC	\$669.35	\$0.00	\$0.00	\$669.35	
Polka Consulting Rescue, CA 95672	CNS	\$25,000.00	\$0.00	\$0.00	\$25,000.00	
	SUBTOTALS	\$307,688.54	\$3,086.58	\$0.00	\$310,775.12	

# Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from10/01/2010	FORM 40U
through _12/31/2010	Page <u>21</u> of <u>26</u>
octors	I.D. NUMBER 1322759

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for a Cure, Sponsored by the American Cancer Society, American Lung Association, American Heart Association and Cancer Research Doctors

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications CMP campaign paraphernalia/misc. RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)\* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) LEG legal defense VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL\*

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

#### Schedule H – Loans Made to Others\*

Type or print in ink.
Amounts may be rounded

	SCHEDULE H
Statement covers period	CALIFORNIA 460

Loans wade to Others"			to whole dollars	5.	from10/01/20	010	FORM	## 40U
EE INSTRUCTIONS ON REVERSE					through <u>12/31/2</u> 6	010	Page 22	_ of <u>26</u>
IAME OF FILER Californians for a Cure, Sponsored by the American C	ancer Society, American Lung Asso	ciation, American He	eart Association an	d Cancer Research D	octors		I.D. NUMBER 1322759	
ULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN		RATE %		PER ELECTION**
					DATE DUE		DATE INCURRED	-
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
					DATE DUE		DATE INCURRED	
Loans that are contributions to another candidate nust also be summarized on Schedule D. Loans los be reported on Schedule E.		SUBTOTALS						
						(Enter (e) on Schedule I, Line 3)	)	
Schedule H Summary							_	
. Loans made this period Total Column (b) plus unitemized loans	less than \$100.)							** If Required
Payments received on loans  Total Column (c) plus unitemized paym	nents less than \$100.)							
B. Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 7.)	)			NET(May be a ne	gative number)		

#### Schedule I **Miscellaneous Increases to Cash**

Type or print in ink. Amounts may be rounded

SCHEDULE I Statement covers period

	to wh	ole dollars.	from10	/01/2010	FORM	460
EE INSTRUCTIONS	ON REVERSE		through 12	/31/2010	Page 23	_ of 26
AME OF FILER	are, Sponsored by the American Cancer Society, American Lung Association, American Heart Associa	ation and Cancer Resear	rch Doctors		I.D. NUMBER 1322759	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF REC	CEIPT		UNT OF E TO CASH
Attach addi	itional information on appropriately labeled continuation sheets.		SUBTOTA	<b>AL</b> \$.00		
Schedule I S	Summary					
. Increases to	cash of \$100 or more this period			\$.00	-	
. Unitemized ir	ncreases to cash under \$100 this period			\$.00	-	
. Total of all in	terest received this period on loans made to others. (Schedule H, Column	(e).)		\$.00	-	
	aneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here a age, Line 14.)		TOTAI	\$.00	- EDDC Form	o 460 ( lune/01
					FPPL FORD	1 45U LUDA/01

M D. C DAV72
Memo Reference: PAY73 Contribution is loan at 0% interest
Memo Reference: PAY77 Contribution is loan at 0% interest
Contribution is toan at 0% interest
Memo Reference: PAY85
Contribution is loan at 0% interest
Memo Reference: PAY89 Contribution is loan at 0% interest
Contribution is loan at 0% interest

Memo Reference: PAY106 Contribution is loan at 0% interest			
Contribution is foan at 0% interest			
Memo Reference: PAY118 Contribution is loan at 0% interest			
Contribution is loan at 0% interest			
Memo Reference: PAY120 Contribution is loan at 0% interest			
Contribution is loan at 0% interest			
Memo Reference: PAY125			
Contribution is loan at 0% interest			

Memo Reference: PAY168 Contribution is loan at 0% interest		
Memo Reference: PAY189 Contribution is loan at 0% interest		
Contribution is loan at 0% interest		
Memo Reference: PAY192		
Contribution is loan at 0% interest		